MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Doxycycline 100mg 1 PO BID x 7 days 9/14/05 - 9/21/05 L.Floyd CNP	3A 3P
CTM 1 BID x 1 month PRN 9/24/05 - 10/24/05 L.Floyd CNP	3A 3P Start 9/22/05

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR THROUGH

Physician Lawapati Sept. 30, 2005

Alt. Physician L. Floyd CNP

Telephone No

Alt. Telephone

Medical Record No

'ergies NKDA

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By: J. Smith Title: LPN Date: 9/14/

PATIENT Clayton, Sidney

PATIENT CODE 224797 ROOM NO. BED FACILITY VA

MEDICATION ADMINISTRATION RECORD

NaphCare

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Motrin 800mg tpo TID x 14 days for Discharge 1/4 March 03	5-12-03 – 5-26-03

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 5-12-03 THROUGH 5-31-03

Physician	Dahne	Telephone Number	Inmate No 224797
Alt. Physician	Mscroy	Alt. Telephone	
Allergies	NKA	Rehabilitative Potential	
Diagnosis			
Medicaid Number	Medicare Number	Complete Entries Checked By: Clayton Sidney	Title: Date:
PATIENT Clayton Sidney		PATIENT CODE 224797	ROOM NO BED FACILITY COI VCF

PFS: NAPHCA

MEDICATION ADMINISTRATION RECORD

NaphCare

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Tetracycline 500mg i po Tid x 7days 12/17/02 → 12/24/02 Mr King al	3A															→	→	→	AW	W	KK	K	Q	W	K						
	9A															→	→	→	9	A	M	Q	[illegible]	CH	CH						
	3P															→	→	→	TB	TD	TD	A	S	T	[illegible]						
Benzoyl Peroxide 5% lotion Bid x 14 days (KOP) 12/17/02 – 12/31/02 Mr King vs	KOP																	Given 12-18-02 @ 0350													

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 12/17/02 THROUGH 12/31/02

Physician Dr Darbouze

Telephone Number

Inmate No. 224797

Alt. Physician

Alt. Telephone

Allergies NKDA

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked By: N Strickland Title: [illegible] Date: 12/17/02

PATIENT Clayton, Sidney

PATIENT CODE 224797

ROOM NO.

BED

FACILITY CODE VCR

PFS: NAPHCAR

Facility Name: Bullock

Month/Year of Charting: 05/06

CTM 8 mg PO QD

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1100	JH	TA	TA	TA	TA	JH	9	9	9	JH	TA	9	TA	9	9	JH	JH	TA	TA	9	G	TA	9	9						

PS

Start Date: 04/24/06 Prescriber: Dr. T. Siddiq

Stop Date: 05/24/06 RX #:

Advil 800 mg PO tid x 10 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0400	→	→	→	→	9	9	9		9	9	9	9	9	9	9	5														
1100	→	→	→	TA	TA	JH	9	9	9	JH	TA	9	TA		9	T														
1700	→	→	→	9 PS		9	9 PS	9	9 PS	9 PS	9 PS	9 PS	9	.	9	0														

Start Date: 5/4/06 Prescriber:

Stop Date: 5/14/06 RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date: Prescriber:

Stop Date: RX #:

Diagnosis

Allergies

Housing Unit:

Patient ID Number: 224797

Patient Name: Clayton Sidney

Nurse's Signature	Initial	Nurse's Signature	Initial
[signature]	DW	J. Hunley LPN	JH
		J. Appling LPN	TA
		Martha Jackson LPN	MJ
		[signature] LPN	PS

Date of Birth:

Documentation Codes
1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

Facility Name: Bullock

Month/Year of Charting: 4-06

Medication	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Proventil 4mg ī PO bid x 10 days	1100												9	9	9	9		9	9	Ym	Ym	Ym	9	<								
	1700	→										9	9	9	9	9	9	9		9	Yr	B	9	<								
CTM 8mg ī PO qd x 10 days	1100	→									→		9	9	9	9		9	9	Ym	Ym	Ym	9	<								
	1700	Error										Error								9		B	9	<								
Congh taps ii po bid x 10 days	1100												9	9	9	9		9	9	Ym	Ym	Ym	5	<								
	1700	→										9	9	9	9	9	9	9		9	Yr	B	9	<								
Proventil Inhaler PRN ii puffs	K	→																														
	O	→																														
	P	→																														
Ctm 8mg i po qd x 30 days	1100																			→	→	→	→	→	TA	TA	TA	TA	TA	Tr		
~~Adult 800mg po~~ Error																																

Proventil 4mg ī PO bid x 10 days: Start Date: 4/11/06 — Stop Date: 4/22/06 — Prescriber: Seddig — RX #:

CTM 8mg ī PO qd x 10 days: Start Date: 4/11/06 — Stop Date: 4/22/06 — Prescriber: Seddig — RX #:

Congh taps ii po bid x 10 days: Start Date: 4/11/06 — Stop Date: 4/22/06 — Prescriber: Seddig — RX #:

Proventil Inhaler PRN ii puffs: KOP — Start Date: 4/11/06 — Stop Date: 5/2/06 — Prescriber: Seddig — RX #:

Ctm 8mg i po qd x 30 days: Start Date: 4-24-06 — Stop Date: 5-24-06 — Prescriber: Seddig — RX #:

~~Adult 800mg po~~ Error: Start Date: — Stop Date: — Prescriber: — RX #:

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
			Martha Jackson LPN	MJ	1 Discontinued Order
Allergies:			J Gypling LPN	JG	2 Refused
					3 Patient out of facility
					4 Charted in Error
Housing Unit:					5 Lock Down
Patient ID Number: 224797					6 Self Administered
			Paterson LPN	PS	7 Medication out of Stock
Patient Name: Clayton, Sidney					8 Medication Held
			Date of Birth:		9 No Show
					10 Other

Facility Name: Ventress

Month/Year of Charting: 4/06

Bengay oint QD
Hour: K, O, P
Ricd 3/15/06
Start Date: 3/15/06 Prescriber: Floyd
Stop Date: 4/15/06 RX #:

Humibid Woong Po Bid
See Below
Hour: 3A, 3P
Start Date: 3/24/06 Prescriber: Raygupta
Stop Date: 4/8/06 RX #:

Proventil tabs 4mg p.o BID x14dy
Hour: 3am, 3pm
Start Date: 3-30-06 Prescriber: Dr Raygpati/An
Stop Date: 4-13-06 RX #:

Humabid 600mg p.o BID x14d
Hour: 3am, 3pm
Start Date: 3-30-06 Prescriber: Dr Raygpati/An
Stop Date: 4-13-06 RX #:

CTM 8mg p.o Q d x 14d
Hour: 3am, 3pm
Start Date: 3-30-06 Prescriber: Dr Raygpati/An
Stop Date: 4-13-06 RX #:

Proventil Inhaler ii puffs q4° PRN ① x 6mos
given 4-02-06 BL
Start Date: 3-24-06 Prescriber: Dr Raygpati
Stop Date: 9-24-06 RX #:

Diagnosis:
Allergies: NKDA
Housing Unit:
Patient ID Number: 224797
Patient Name: Clayton, Sidney
Date of Birth: 3/23/76

Nurse's Signature	Initial	Nurse's Signature	Initial
[signature]	G	[signature]	An
[signature] LPN	TS	B. Leila RN	BL
		[signature]	MB

Documentation Codes
1 Discontinued Order
2 Refused
3 Patient out of facility
4 Charted in Error
5 Lock Down
6 Self Administered
7 Medication out of Stock
8 Medication Held
9 No Show
10 Other

March 2006

Facility Name: JCF

Month/Year of Charting:

Bengay oint QD x 1 mo — Hour: 1 top — Tube given 3/15/06 Sidney Clayton
Start Date: 3-15-06 — Prescriber: Floyd CRNP
Stop Date: 4-15-06 — RX #:

Jet Neb daily X 7 days — Hour: 5A — 17–21: 9 9 9 9 9 CH; D/C
Start Date: 3.17.06 — Prescriber: Dr Rayapati
Stop Date: 3.24.06 — RX #:

Humbid 600mg PO BID X 7 days — Hour: 3A, 3P — See below
Start Date: 3.17.06 — Prescriber: Dr Rayapati
Stop Date: 3.24.06 — RX #:

Proventil 4mg PO BID X 2 wks same as Albuterol — Hour: 3A, 3P — See MAR
Start Date: 3.17.06 — Prescriber: Dr Rayapati
Stop Date: 3.31.07 — RX #:

Prednisone 20mg PO qd X 2 wks — Hour: 3A, 3P — See MAR
Start Date: 3.17.06 — Prescriber: Dr Rayapati
Stop Date: 3.31.06 — RX #:

Humbid 600mg p.o. BID X 2 weeks — Hour: 3am, 3pm — See MAR
Start Date: 3-24-06 — Prescriber: Dr Rayapati/Am
Stop Date: 4-8-06 — RX #:

I of II

Diagnosis:

Allergies: NKA

Housing Unit:

Patient ID Number: 224797

Patient Name: Clayton, Sidney

Date of Birth: 3-23-76

Nurse's Signature	Initial	Nurse's Signature	Initial
K Wilson	KW	B. Liebe RN	BL
J Johnson LPN		J Stanley LPN	JS
G [illegible]	G	[illegible]	[illegible]
		[illegible]	[illegible]

Documentation Codes
1 Discontinued Order
2 Refused
3 Patient out of facility
4 Charted in Error
5 Lock Down
6 Self Administered
7 Medication out of Stock
8 Medication Held
9 No Show
10 Other

Facility Name: Ventress Correctional Facility

Month/Year of Charting: 01/06

Saline Nasal Spray Nasal Solut 0.65% Solution 1

Spray 1 in each nostril twice daily as needed

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date: 10-29-2005 Prescriber: Rayapati, Samuel

Stop Date: 01-26-2006 RX #: 250956403

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: Prescriber:

Stop Date: RX #:

Diagnosis

Allergies: NKDA

Housing Unit: Population

Patient ID Number: 224797

Patient Name:

Clayton, Sidney

Nurse's Signature | Initial | Nurse's Signature | Initial

Date of Birth:

Documentation Codes
1 Discontinued Order
2 Refused
3 Patient out of facility
4 Charted in Error
5 Lock Down
6 Self Administered
7 Medication out of Stock
8 Medication Held
9 No Show
10 Other

Dec 2005 602

Facility Name:

Month/Year of Charting:

Phenergan 50mg IM STAT

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
					VY RGH																									

Start Date:
Stop Date: 1'
Prescriber: Rayapati
RX #:

Humibid 600mg BID X 2 wks

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
3A						D'	D'	D'	CH	D'	D'	D'	D'	D'																
3P						[illegible]																								

See new order

Start Date: 12-5-05
Stop Date: 12-19-05
Prescriber: Rayapati
RX #:

Percogesic 2 tabs P.O. Bid PRN X 5 day

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
3A							D'	D'	CH	D'	D'																			
3P							[illegible]																							

Start Date: 12 06 05
Stop Date: 12 11 05
Prescriber: Rayapati
RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date:
Stop Date:
Prescriber:
RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date
Stop Date:
Prescriber
RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date
Stop Date:
Prescriber
RX #:

Diagnosis: I of II

Allergies: NKDA

Housing Unit:

Patient ID Number: #224797

Patient Name: Clayton, Sidney

Date of Birth: 3/23/76

Nurse's Signature	Initial	Nurse's Signature	Initial
F. Smith, LPN		B. Johnson, LPN	[illegible]
V. Young, LPN		G. Mack	[illegible]
A. Pierce, LPN	AP	T. Appling, LPN	TA
T. Starks, LPN	TS	M. Schnefield	MS

Documentation Codes
1 Discontinued Order
2 Refused
3 Patient out of facility
4 Charted in Error
5 Lock Down
6 Self Administered
7 Medication out of Stock
8 Medication Held
9 No Show
10 Other

Facility Name:

Month/Year of Charting:

Medication	Hour	1–16	17	18	19	20	21–30
OTM 4mg ii PO bid x 4days	3a	→	ø	ø	ø	ø	←
	3P	→	[illegible]	[illegible]	[illegible]		←

Start Date: 12-16-05 Prescriber: Rayapati

Stop Date: 12-20-05 RX #:

Medication	Hour	1–16	17	18	19	20	21–30
Mucinex 600mg i PO bid x 4d	3a	→	ø	ø	ø	ø	←
	3P	→	[illegible]	[illegible]	[illegible]		←

Start Date: 12-16-05 Prescriber: Rayapati

Stop Date: 12-20-05 RX #:

Medication	Hour	1–16	17	18	19	20	21–30
Sudafed 60mg i bid x 4d	3a	→	ø	ø	ø	ø	←
	3P	→	[illegible]	[illegible]	[illegible]		←

Start Date: Prescriber:

Stop Date: RX #:

Medication	Hour	1–18	19	20	21	22	23	24	25	26–31
Motrin 600mg po TID x 7day	3a	→	ø	ø	ø	ø	CH	ø		
	9a	→	[illegible]	[illegible]	[illegible]	CH	[illegible]	[illegible]		
	3pm	→	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			

Start Date: 12-18-05 Prescriber: Dr Rayapati

Stop Date: 12-25-05 RX #:

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: Prescriber:

Stop Date: RX #:

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: Prescriber:

Stop Date: RX #:

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies: NKDA	[illegible] RN	[illegible]	[illegible]	Am	1 Discontinued Order
	R. Johnson LPN	[illegible]	T. Stallings LPN	[illegible]	2 Refused
Housing Unit:			[illegible] LPN	TA	3 Patient out of facility
Patient ID Number: 224797					4 Charted in Error
Patient Name:					5 Lock Down
Clayton, Sidney			Date of Birth:	3-23-76	6 Self Administered
					7 Medication out of Stock
					8 Medication Held
					9 No Show
					10 Other

11-01-[illegible]

DLATE

EYE EXAMINATION SHEET

Facility: Kilby Date of Request: 11 4

Subjective: C/O: HX of Glaucoma

Past History: — "CANNOT SEE" "NEED GLASSES"

CONSULTATION REPORT

Snelling: W/Glasses OD: FURTHER HX: Ø HX of TX FOR GLAUCOMA / W/O Glasses OD: LOST MY READING GLASSES.

OS

OPHTH & EXT: Dilated Eye Exam YES NO (circle one)

TA: REFUSED

SLE: ALL WNL OD/OS

Mydriatic solution 1 to 2 gts per eye.

Optometrist Signature

Nurse Signature

New RX: OD qHS: 302 CW / MAC AV PERPA / WNL OD/OS

OS

Glaucoma: YES NO (circle one)

IOP:

Details:

Ø GLAUCOMA OR OTHER HEALTH PROBLEMS

- LOST 3/06 GLASSES

- OK TO ORDER NEW GLASSES AT INMATE'S EXPENSE

Cataracts: YES NO (circle one)

Details:

Frame:
Size:
Color:
Seg Ht:

MD 7/26/06

Optometrist Signature/Date

Last Name	First	Middle	DOB	R/S	AIS Number
Clayton	Sidney		3-23-76	B/M	224797

30

ison Health Services, Inc

E EXAMINATION SHEET

PHS

DEMOGRAPHICS

Site Name: (Do Not Abbreviate) Bullock Correctional

Site Number: 832

Patient Name: Last Clayton First Sidney M.I. O

Inmate Number: 224797

Sex: ☒ Male ☐ Female

Subjective: "I can't see how to read I had surgery on my eyes

Ocular Health History: ☐ Glaucoma ☐ Cataracts ☐ Other CC: "I HAVE GLAUCOMA"

Past Medical History: ☐ Diabetic Mellitus ☐ HTN ☐ Other "I CAN'T SEE"

CONSULTATION REPORT "I NEED GLASSES"

	With Glasses	Without Glasses
Snellen:		
OD	20/70	
OS	20/200	
New RX:		
OD	PLANO	NO?
OS	PLANO	
Size:		Rx'd
Seg Ht:		
Frame:		
Color:		

OPHTH & EXTERNAL:

Dilated Eye Exam ☒ Yes ☐ No

Findings

Glaucoma ☐ Yes ☒ No

Findings

Cataracts: ☐ Yes ☒ No

Findings

Diagnosis: NO EYE HEALTH PROBLEMS NOTED

Treatment/Recommendations: KIRBY EYE CLINIC

Next Eye Examination Due: DFE/TCAPP

OPTOMETRIST

Name Last (print or stamp) First M.I.

Signature

Date 4/19/06 (mm/dd/yy)

INST TUTIONAL EYE CARE

P.O. Box 390
Lewisburg, PA 17837

(570) 523-3493
FAX (570) 524-2817

PATIENT				DATE	
CLAYTON, SIDNEY				3/13/2006	
NUMBER				**INSTITUTION**	
224797		VENT		VENTRESS CORRECTIONAL	
	SPHERE	**CYLINDER**	**AXIS**	**PRISM**	**BASE**
OD	1.50	0.00	0	0	
OS	1.50	0.00	0	0	
	ADD	**HEIGHT**	**DIST PD**	**NEAR PD**	
OD	0.00	0	72	69	
OS	0.00	0	0	0	

LENS COLOR/COATINGS	Clear	
FRAME NICK	**STYLE**	**FRAME COLOR** GREY
EYE SIZ 52	**DROP BALL**	**FINAL INSPECTION**

LENSES:	$4.95
FRAME:	$3.49
OVERSIZE:	$0.00
TINT/PGX:	
POLYCARB:	$0.00
DIOPTERS:	$0.00
PRISM:	$0.00
CASE:	
OTHER:	
S/H:	$1.85
TOTAL DUE ($):	$10.29

VISION SAFETY NOTICE:
- Your lenses meet or exceed American National Standard Z80.1 and FDA requirement 21CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant.

- The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.

-If your occupational or recreational activities expose you to the risk of

PHS PRISON HEALTH SERVICES INCORPORATED

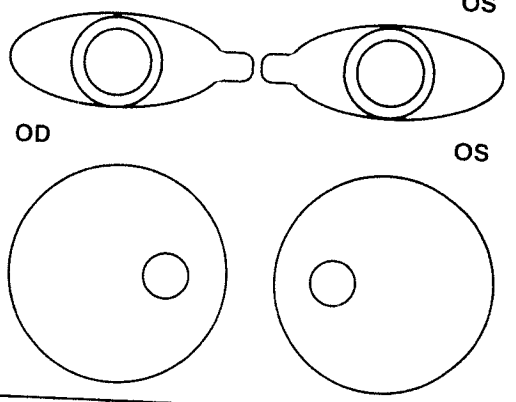
DEPARTMENT OF CORRECTIONS

EYE CHART

Date Time	
Visual Requiremnts	12-11-05
Other Visual Requirements	
Previous Eye History	
Chief Visual Complaints	Blurred Vision @ Near. tired eyes when reading X 1 yr
Detailed History	
General Health	
External Examination	
Internal Examination	
Visual Field Screening	OD OS
Tonometry	
Instrument /	OD OS
V.A. (Habitual) Dist.	OD OS OU
Near	OD OS OU
Dominance / Test	/
Pupillary Reflexes	Size Light
Tests for Squint	Consensual Near
	Inspection
	Cover
	Corneal Reflex
PD / PP Conv	
PP Acc ions	
Rotations / Fixations	

OLD RX Worn from to

Sph.	Cyl.	Axis	Prism	Base	Add



DATE	CHARGE	PAID	BAL DUE

INMATE NAME (LAST FIRST, MIDDLE)

<1 Layton, Sidney

70029

DOC#	DOB	R/S	FAC
224797	3/23/76	Bm	vcf-

12-13-05

V.A. Unaided	OD 20/60	OS 20/60	OU 20/20
V.A. thru old RX	OD	OS	OU
Keratometer	OD		
	OS		
Est Total Astig	OD		
	OS		
Habitual Phorias	Dist	Near	
Static Retinoscopy	OD		
	OS		
Astigmatic Chatt	OD		
w fogging lens	OS		
X-Cyl Astig	OD		
	OS		
Monocular Subjective	OD		
	OS		
Binocular Subjective	OD		
(Max Plus)	OS		
Binocular Subjective	OD		
(Best V.A.)	OS		
Binocular Subjective	OD		
(Other)	OS		
Best V.A.	OD	OS	OU
Amp. Acc. (push-up)	OD	OS	OU
Lens/Demand/Phoria		/	/
Base Out		/	/
Base In		/	/
Vertical Photias	Dist	Near	
R Supraduction	Dist /	Near /	
R Infraction	Dist /	Near /	
L Supraduction	Dist /	Near /	
L Infraction	Dist /	Near /	
X-Cyl Dissociated	OD		
Monocular	OS		
X-Cyl Fused			
Lens/Demand/Phoria		/	/
Base In	/	/	/
Base Out	/	/	/
Lens/Demand/Phoria		/	/
Base In	/	/	/
Base Out	/	/	/
Lens/Demand/Phoria		/	/
Base In	/	/	/
Base Out	/	/	/
Minus to blur/blur out		/	
Plus to blur/blur out		/	
Range / Through		/	

Near PD 65

Dist PD 72 for

Tint

Bifocal

S.V. Bifl Trifl

Multifocal Instructions: Size, Height, Inset, Outset, Total; R, L

Decentration for Maj. Lens: In, Out, Up, Dn; R, L

Furnish new frame ☐

Use enclosed frame ☐

Lens only ☐

FRAME SPECIFICATIONS: Name, Color, Eye Size 52, Bridge, Temples

SPECIAL INSTRUCTIONS:

Position	
Cal. & Gradient ACA	
PRC - PFC	
NRC - NFC	
Near Phoria	
Height	
Near P.C. Indiction of poor binoc. vis?	

Rx.	Sph.	Cyl.	Axis	Prism	Base
OD	+1.50 sph				
OS	+1.50 sph				
Add					

Diagnosis - Recommendations: Hyperopia c

Consultant's Signature

12/13/05
Date

[redacted] DEPARTMENT OF CORRECTIONS

Name: Clayton Sidney

State ID No.: 224797

DOB 9-23-76

Race: B Sex: M

INSTITUTION: W.E. Texas

RADIOLOGY SERVICES REQUEST AND REPORT

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation of special needs
Rayapati M.D.	12-6-05				

HISTORY/DIAGNOSIS:

X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCIS (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	✓ THORACIC SPINE 2 Views
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	✓ LUMBAR SPINE 2 Views	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

Clayton

THORACIC SPINE: The vertebrae are well allgned and show no evidence of any fracture or any destructive bone disease.
IMPRESSION: NORMAL STUDY.

LUMBAR SPINE: The vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.
IMPRESSION: NORMAL STUDY.

D: & T: 12-09-05 Thomas J. Payne, III, M.D./jhl Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

12-7-05
DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

[redacted] WHITE-CHART COPY; CANARY-PHYSICIAN'S COPY; PINK-FILE COPY

UTILIZATION MANAGEMENT REFERRAL FORM

PHS

Form must be Complete and Legible. You must Type or Pr...

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

DEMOGRAPHICS

Site Name & Number: Ventress C.F/895	Patient Name: (Last, First) Clayton, Sidney	Date: (mm/dd/yy) 10/10/05
Site Phone # (334)775-8178	Alias: (Last, First)	Date of Birth: (mm/dd/yy) 3/23/76
Site Fax # (___)___-____	Inmate # 224797	PHS Custody Date: (mm/dd/yy) 06/24/02
Will there be a charge? ☒ Yes ☐ No	SS Number ___-___-____	Potential Release Date: (mm/dd/yy) 11/13/26
Sex ☒ Male ☐ Female		

Responsible party: ☒ PHS ☐ Auto Ins. ☐ Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans) ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dental

Samuel Rayapati

Facility Medical Director Signature and Date:

S. Rayapati 10/17/05

☐ Service meets criteria for "approval via protocol"

History of illness/injury/sypmtoms with Date of Onset:

Blurred Vision

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)

☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☒ Routine ☐ Urgent

Estimated Date of Service (mm/dd/yy): 10/17/05

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy ☐ Chemotherapy

Number of Visits/Treatments: 1 ☐ Other: Eye

Specialist referred to: Dr. Murray

Type of Consultation, Treatment, Procedure or Surgery:

Eye Exam/optometrist ✓

Diagnosis: Blurred Vision

ICD-9 code:

You must include copies of pertinent reports such as lab results, x ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

Results of a complaint directed physical examination:

OD - 20/25

OS - 20/25

OU 20/25

Previous treatment and response (including medications):

NONE

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized

☐ Alternative Treatment Plan (explain here): Does not meet criteria - inadequate history

☐ More Information Requested: (See Attached)

Date resubmitted: __/__/__

☐ Resubmitted with requested information.

Regional Medical Director Signature, printed name and date required:

10/17/05 (mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:	Med Class:	CPT code:	UR Auth #:

PHS PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

EYE CHART

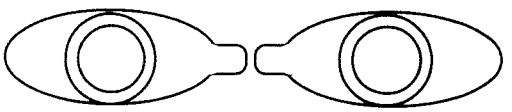
Date / Time	10/05 1545
Visual Requiremnts	
Other Visual Requirements	
Previous Eye History	
Chief Visual Complaints	Blurred Vision
Detailed History	
General Health	
External Examination	
Internal Examination	
Visual Field Screening	L 20/25 OD 20/25 L 20/25
Tonometry	
Instrument /	OD OS
V.A. (Habitual) Dist.	OD OS OU
Near	OD OS OU
Dominance / Test	/

Pupillary Reflexes	Size	Light
	Consensual	Near
Tests for Squint	Inspection	
	Cover	
	Corneal Reflex	
PD / PP Conv		
PP Acc		
ions		
Rotations / Fixations		

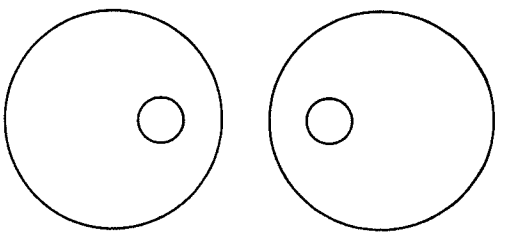
OLD RX Worn from to

Sph.	Cyl.	Axis	Prism	Base	Add

OD OS



OD OS



DATE	CHARGE	PAID	BAL DUE

INMATE NAME (LAST FIRST MIDDLE)	DOC#	DOB	R/S	FAC
Clayton Sidney	224747	3-23-56	B/m	VCF

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

PHS

must be Complete and Legible. You must Type or P

Please send this form w... the Authorization Letter to the service provider at the ...ie of the Appointment

FAXED 10.17.05 BC

DEMOGRAPHICS

Site Name & Number: Verbess C. 9/895	**Patient Name: (Last, First,)** Clayton, Sidney	**Date: (mm/dd/yy)** 10/20/05
Site Phone # (334) 215-8178	**Alias: (Last, First,)**	**Date of Birth: (mm/dd/yy)** 3/23/76
Site Fax # (___)___-____	**Inmate #** 224797	**PHS Custody Date: (mm/dd/yy)** 06/24/02
Will there be a charge? ☒ Yes ☐ No / **Sex** ☒ Male ☐ Female	**SS Number** ___-___-____	**Potential Release Date: (mm/dd/yy)** 11/13/26

Responsible party: ☒ PHS ☐ Auto Ins. ☐ Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans) ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):_____

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dental

Samuel Rayapati

Facility Medical Director Signature and Date:

M. Rayapati / 10/20/05

☐ Service meets criteria for "approval via protocol"

History of illness/injury/sypmtoms with Date of Onset:

Blurred Vision

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☒ Routine ☐ Urgent

Estimated Date of Service (mm/dd/yy) 10/20/05

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy ☐ Chemotherapy

Number of Visits/Treatments: 1 ☐ Other: Eye

Results of a complaint directed physical examination:

OD - 20/25
OS - 20/25
OU/ 20/25

Specialist referred to: Dr. Murray

Type of Consultation, Treatment, Procedure or Surgery:

Eye Exam/optometrist

Previous treatment and response (including medications):

NONE

Diagnosis: Blurred Vision

ICD-9 code:

You must include copies of pertinent reports such as lab results, x ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION: ☐ Offsite Service Recommended and Authorized

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information

Date resubmitted: ___/___/___

Regional Medical Director Signature, printed name and date required:

___/___/___ (mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:	Med Class:	CPT code:	UR Auth #:

KILBY CORRECTIONAL FACILITY
PO BOX 11
MT. MEIGS, AL 36057

DATE OF REPORT: 3/13/2006
TIME OF REPORT: 10:53 AM

ACCESSION NO	NAME	FACILITY
22/224797	SIDNEY CLAYTON	Ventress

DATE COLLECTED	TIME COLLECTED	DATE RECEIVED	TIME RECEIVED
3/7/06	8:30 AM	3/13/06	8:30 AM

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NEG		NEGATIVE (NEG)
RPR	NR		NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT		NEGATIVE (NEG)
KETONES	NT		NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
BLOOD	NT		< 5 RBC/MCL (NEG)
NITRITE	NT		NEGATIVE (NEG)
UROBILINOGEN	NT		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NT		NEGATIVE (NEG)

* NT = Not Tested

CLIA ID NO. 01D0706289

WAYNE D. MERCER, PHD
LABORATORY DIRECTOR

KILBY CORRECTIONAL FACIL
PO BOX 11
MT. MEIGS, AL 36057

DATE OF REPORT: 2/27/2006
TIME OF REPORT: 1:12 PM

ACCESSION NO	NAME	FACILITY
7/224797	SIDNEY CLAYTON	Ventress

DATE COLLECTED	TIME COLLECTED	DATE RECEIVED	TIME RECEIVED
2/21/06	8:30 AM	2/27/06	8:30 AM

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NEG		NEGATIVE (NEG)
RPR	NR		NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT		NEGATIVE (NEG)
KETONES	NT		NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
BLOOD	NT		< 5 RBC/MCL (NEG)
NITRITE	NT		NEGATIVE (NEG)
UROBILINOGEN	NT		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NT		NEGATIVE (NEG)

* NT = Not Tested

CLIA ID NO. 01D0706289

WAYNE D. MERCER, PHD
LABORATORY DIRECTOR

224797 05/14/2003 09:58:47 AM Clayton, Sidney
27 years Male Race: B 193 lbs 75 ins BP:

Rx:
Dx:

Depi: [illegible]
Room: ER
Oper: CH

Rate	56
PR	169
QRSD	76
QT	383
QTc	370

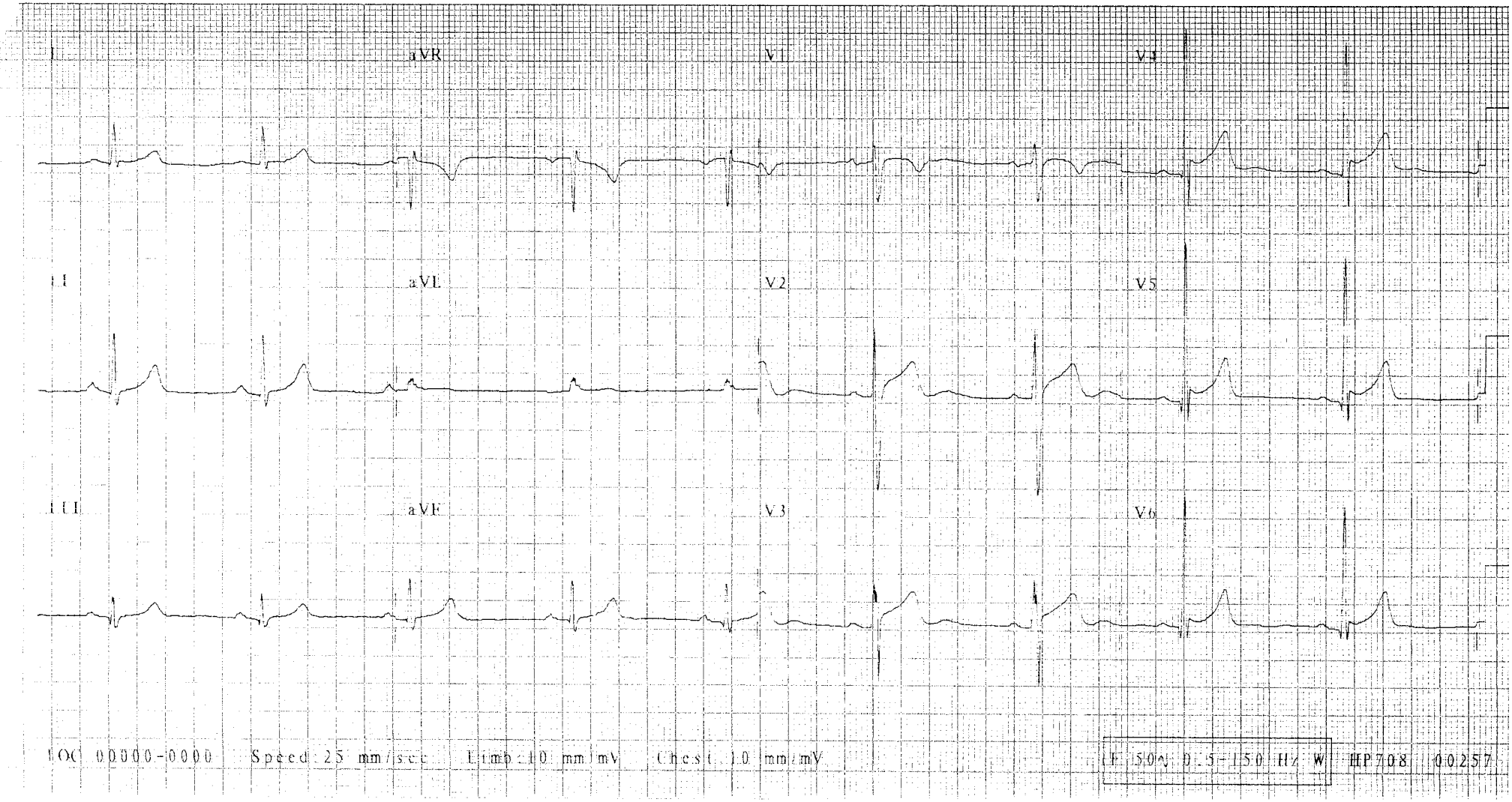
--AXIS--
P 63
QRS 31
T 54

Normal sinus rhythm, rate 56
High QRS voltage, ? normal for age
Probable early repolarization pattern
Normal P axis, PR, rate & rhythm
S V1 + R V5,V6 > 3.5mV, age <35
ST elevation, age 16 - 55

Requested by
Dr. Darbouze

- OTHERWISE NORMAL ECG -

PRELIMINARY-MD MUST REVIEW



[illegible] 00000-0000 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV
CF 50~ 0.5-150 Hz W HP708 00257

KILBY CORRECTIONAL FACIL
PO BOX 11
MT. MEIGS, AL 36057

PATIENT NAME
Clayton, Sidney

PRISON ID
234791

DATE SUBMITTED
12/3/02

Npy #5

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY 1 & 2 ✓	NR	NEGATIVE (NEG)	
RPR ✓	NR	NON-REACTIVE (NR)	
URINALYSIS ✓	Neg		
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

"A" These results are unreliable due to the age of the specimen.
"H" These results are unreliable due to the hemolyzed condition of the specimen.
"A+H" These results are unreliable due to the age and hemolyzed condition of the specimen.

12/6/02

CLIA ID NO. 01D0706289

WAYNE D. MERCER, PHD
LABORATORY DIRECTOR

Refer to dentist

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Sidney Clayton Date of Request: 12/15/05
ID # 224797 Date of Birth: 9/23/76 Location: 6 Dorm Seg.
Nature of problem or request: I have a bad cold. I'm also putting in a request to get my teeth cleaned by the dentist. My back is still hurting real bad.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 12/16/05
Time: 9:00
Receiving Nurse Intials DS

(S)ubjective:

(O)bjective (V/S): T: _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

PRISON HEALTH SERVICES INCORPORATED

PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Clayton, Sidney BCDC#: 224797

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.

2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.

3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.

4. I have had the opportunity to ask questions which have been answered to my satisfaction.

5. I understand there is no guarantee of success or permanence of the treatment.

Sidney Clayton — Patient's Signature

5-17-05 — Date

W. E. Shirley, D.D.S. — Dentist's Signature

5-17-05 — Date

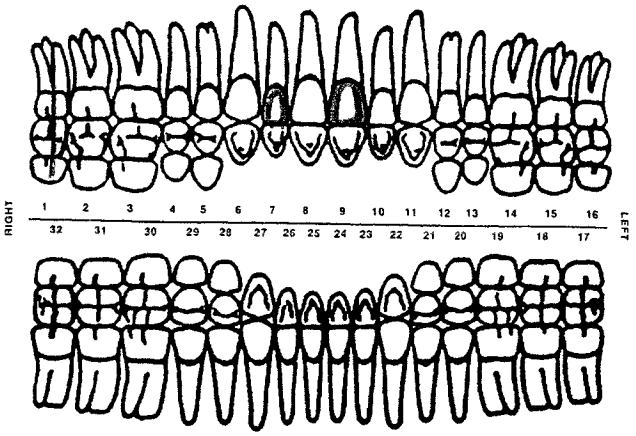
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

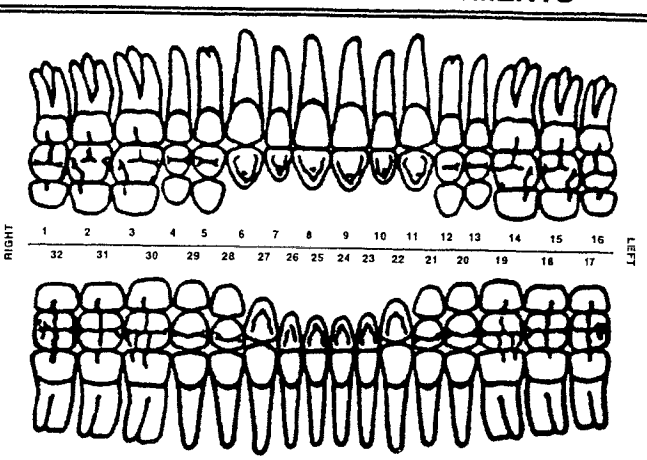
DENTAL RECORD

DENTAL EXAMINATION



Date of Initial Examination

RESTORATIONS AND TREATMENTS



Initial Classification

Oral Pathology
- Gingivitis
- Vincent's Infection
- Stomatitis
- Other Findings

Occlusion

Roentgenograms
- Periapical
- Bitewing
- Other

Health Questionnaire

YES	NO		YES	NO	
☐	☒	Rheumatic Fever	☐	☒	V.D.
☐	☒	Allergy (Novocaine, penicillin, etc.)	☐	☒	Hepatitis
☐	☒	Present Medication	☐	☒	Anemia or Bleeding Problems
☐	☒	Epilepsy	☐	☒	Heart Disease
☐	☒	Asthma	☐	☒	High Blood Pressure
☐	☒	Diabetes	☐	☒	Kidney Disease
☐	☒	HIV	☐	☒	Other Disease

SERVICES RENDERED

Date	Tooth #	DX	TX	Initials	Class
3/9/06			A Exam	[illegible]	

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Clayton, Sidney	224197	3/23/76	B/m	VCF.

PHS-MD-70015

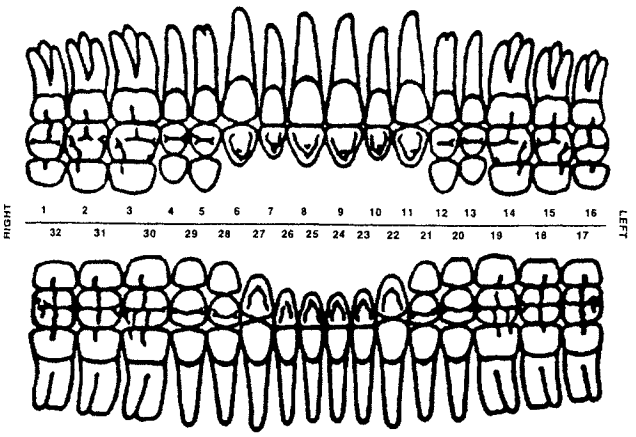
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

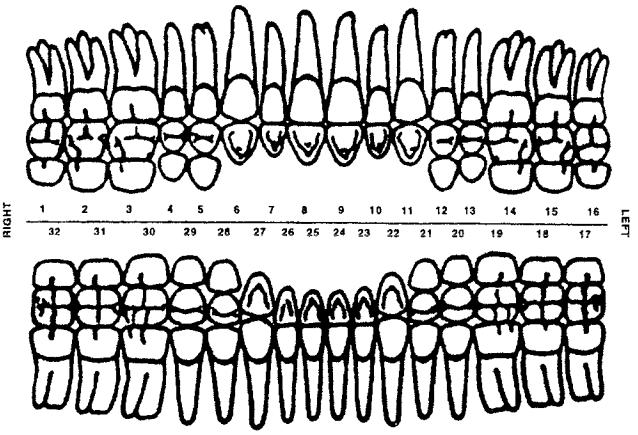
DENTAL RECORD

DENTAL EXAMINATION



Date of Initial Examination

RESTORATIONS AND TREATMENTS



Initial Classification

Oral Pathology ..... Gingivitis _____
Vincent's Infection _____
Stomatitis _____
Other Findings _____

Occlusion _____

Roentgenograms ..... Periapical _____
Bitewing _____
Other _____

Health Questionnaire

YES	NO		YES	NO	
☐	☐	Rheumatic Fever	☐	☐	V.D.
☐	☐	Allergy (Novocaine, penicillin, etc.)	☐	☐	Hepatitis
☐	☐	Present Medication	☐	☐	Anemia or Bleeding Problems
☐	☐	Epilepsy	☐	☐	Heart Disease
☐	☐	Asthma	☐	☐	High Blood Pressure
☐	☐	Diabetes	☐	☐	Kidney Disease
☐	☐	HIV	☐	☐	Other Disease

SERVICES RENDERED

Date	Tooth #	DX	TX	Initials	Class

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

DENTAL RECORD TREATMENT

Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class
4/15/05			N/S dental Screening	PT	
5-17-05	9	worn thru I of	wanted 3 teeth out but told him I would		
		openface crown	not ext 3 sound teeth; smoothed I edge of	WEP	
			crown on #9		
3/30/06			Pt. complains of bleeding gums		
			when cleaning teeth. OH given		
			placed on prophy list	2	

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO
Clayton,	Sidney		3/23/76	B/M	224797

PHS-MD-70022

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Sidney Clayton Date of Request: 3/30/06
ID # 224760 Date of Birth: 3/23/76 Location: Seg 804
Nature of problem or request: I'm on cronic care. I Mr. Clayton would like to get my teeth cleaned because they are bleeding. Note: I have put in 2 sick call for this before and you all have cut me money for P.F.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 3/30/06
Time: [illegible]
Receiving ~~Nurse~~ Intials DS

(S)ubjective:

(O)bjective **(V/S):** **T:** _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

[illegible]
SIGNATURE AND TITLE

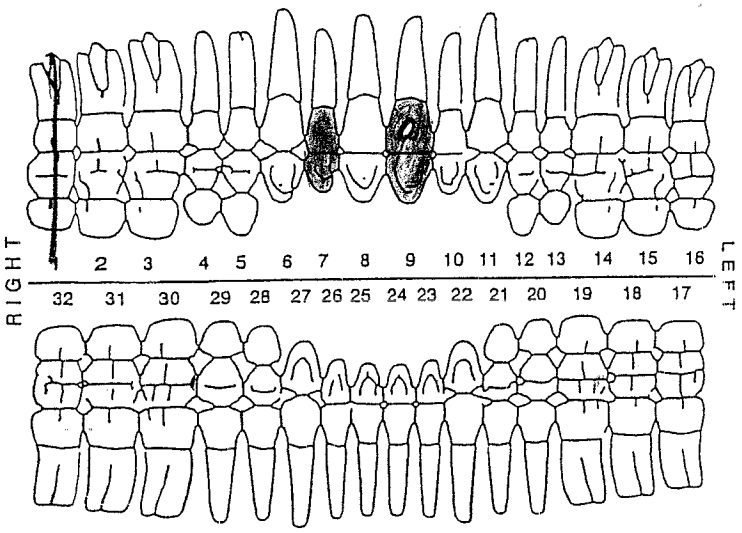
WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

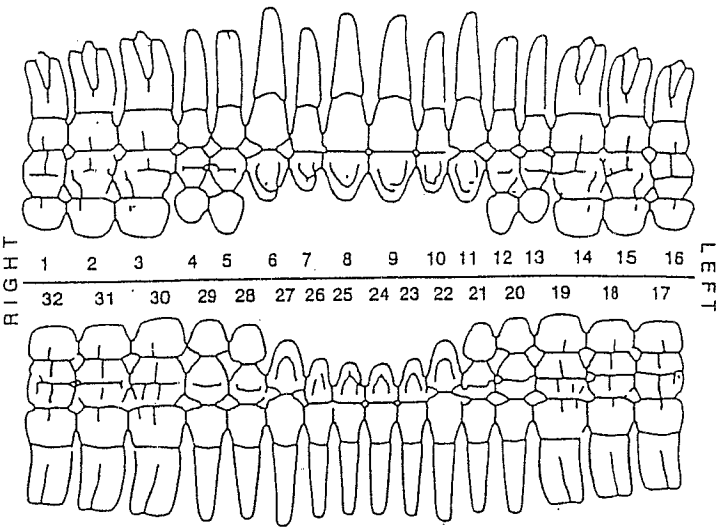
Dental Treatment Record

Name:	ID #:	Race:	DOB:
Clayton, Sidney	224797	B	3-23-76

Dental Examination



Restoration and Treatments



Date of Initial Examination: 12/3/02
Initial Classification:
Oral Pathology:
Gingivitis
Vincent's Infection
Stomatis
Other Findings
Occlusion
Roentgenograms:
Periapical
Bitewing
Panarex

Tooth	Priority List
	T= g
	G= g
	OHI/GIVEN

Health Questionnaire

Are you in good health?	○ Yes ○ No	Acquired Immune Deficiency (AIDS/HIV)?	○ Yes ○ No
Allergies	○ Yes ○ No	Gastrointestinal disorders	○ Yes ○ No
Anemia	○ Yes ○ No	Glaucoma	○ Yes ○ No
Asthma or other respiratory problems	○ Yes ○ No	Heart disease or murmur	○ Yes ○ No
Blood pressure conditions	○ Yes ○ No	Hepatitis	○ Yes ○ No
Diabetes	○ Yes ○ No	Kidney problems	○ Yes ○ No
Epilepsy	○ Yes ○ No	Reactions to anesthesia or medications	○ Yes ○ No
Excessive bleeding after surgery	○ Yes ○ No	Rheumatic fever	○ Yes ○ No
Fainting	○ Yes ○ No	Taking any medication	○ Yes ○ No
Pregnant?	○ Yes ○ No	Thyroid conditions	○ Yes ○ No
Tuberculosis	○ Yes ○ No	Other conditions	○ Yes ○ No

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Sidney Clayton Date of Request: 4-11-05
ID # 224797 Date of Birth: 3-23-76 Location: 10B 12B
Nature of problem or request: Get Crowns pulled out of mouth and my teeth fixed and Cleaned.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/15/05
Time: _____ AM PM
Allergies: NKDA

RECEIVED
Date: 4-12-05
Time: 1400
Receiving Nurse Intials CH

(S)ubjective: Requesting teeth fixed and cleaned

(O)bjective **(V/S):** **T:** **P:** **R:** **BP:** **WT:**

(A)ssessment: No Show dental sickcall Screening

(P)lan: Dental appointment scheduled on 5-16-05

Refer to: MD/PA Mental Health (Dental) Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

R. Thompkins DA.
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Sidney Clayton Date of Request: 4-16-05
ID # 224797 Date of Birth: 3-23-76 Location: 10B/12B
Nature of problem or request: I'm wanting to get crowns removed and have my teeth fixed and cleaned.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)